

**Ohio Department of Higher Education
Request for Access to Articulation and Transfer Clearinghouse (ATC)
Internal User Authorization Form**

This form must be completed by all Regents employees who request a login and password from the Regents for access to the production Articulation and Transfer Clearinghouse (ATC). Users should complete items 1, 2, and 3 and obtain the signature of their manager.

Please complete/scan/email:

ATC Program Manager
Ohio Department of Higher Education-ATC System
25 South Front Street, 2nd Floor
Columbus, Ohio 43215-3414
transfer@highered.ohio.gov

1. ODHE employee for whom access to the ATC restricted data is being requested.

Name:	
Title:	
Dept:	
Email:	
Phone:	
Requesting Access to:	<input type="checkbox"/> User Acceptance Test <input type="checkbox"/> Production

2. Please explain how the individual's duties of employment or system function represents a legitimate education interest (*) in the restricted data areas of ATC.

Duties:	System maintenance, administration, and support.
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3. Acceptance of Responsibility:

- A. Regents Employee My signature affirms that I have read and understand the Ohio Department of Higher Education ATC Data Access and Security Policy (https://www.ohiohighered.org/sites/default/files/uploads/ATCImpltnFiles/ATC%20Data%20Access%20Policy_Final.pdf) dated September 13, 2007) and agree to comply with the responsibilities and requirements contained therein. I understand that my password or the system password can not be shared with any other person and will inform the OBR when I no longer need restricted access to the ATC. I understand that any data retrieved from restricted areas in the ATC are to be used for support and analysis only and I will destroy requested ATC data when the data are no longer needed. In order to protect student privacy, I will not release any personally identifiable transcript data to the public. Further, I understand that the records to which I will have access may contain individually identifiable student information, the disclosure of which is prohibited by the Family Educational and Rights and Privacy Act of 1974 (FERPA) and agree to comply with the requirements of FERPA.

Printed Name of Requestor:	
Signature:	
Today's Date:	

As manager of this individual, I have reviewed this request and support the need for access to the production Articulation and Transfer Clearinghouse.

Printed Name of Manager	
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Signature	
Today's Date	